

Department of Environmental Quality  
 Groundwater Monitoring Form- 2011 Revised Plan

Monitoring Period: \_\_\_\_\_  
 Date Sampled : \_\_\_\_\_

| Parameter                    | Units       | Sample Type | Well No. 1 | Well No. 2 | Well No. 3 |
|------------------------------|-------------|-------------|------------|------------|------------|
| Static Water Level           | Feet        | Measured    |            |            |            |
| pH                           | S.U.        | Grab        |            |            |            |
| Chlorides                    | mg/l        | Grab        |            |            |            |
| Specific Conductance         | umhos/cm    | Grab        |            |            |            |
| Aluminum                     | mg/l        | Grab        |            |            |            |
| Sulfate                      | mg/l        | Grab        |            |            |            |
| Total Dissolved Solids (TDS) | mg/l        | Grab        |            |            |            |
| Total Organic Carbon (TOC)   | mg/l        | Grab        |            |            |            |
| Total Suspended Solids (TSS) | mg/l        | Grab        |            |            |            |
| Ammonia-N                    | mg/l        | Grab        |            |            |            |
| Color                        | Color Units | Grab        |            |            |            |

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

\_\_\_\_\_  
**Signature of Authorized Agent**

\_\_\_\_\_  
**Name and Title of Authorized Agent**

\_\_\_\_\_  
**Date**